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CENTRAL FAX CENTER**DEC 21 2005****TO:**
MAIL STOP AFTER FINAL**FROM:**
Kenneth F. Smolk**COMPANY:**
USPTO**DATE:**
December 21, 2005**FAX NO.:**
(571) 273-8300**TOTAL NO. OF PAGES:** (Including cover sheet)
19**YOUR REFERENCE NO.:**
10/782,093**OUR REFERENCE (C/M) NO.:**
011398.00005**RE:** In re: Appln. Auyang et al.
Appln. No. 10/782,093
Filed: February 17, 2004
For: Alarm Clock With Remote Control Function**OFFICIAL FAX***If you do not receive all page(s) or have any problems receiving this transmission, please call:***NAME:**
Alma Bahena**PHONE:**
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PT/USB/21 (09-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/782,093
		Filing Date	February 17, 2004
		First Named Inventor	Auyang, Bernard
		Art Unit	2835
		Examiner Name	Brown, Vernal U.
Total Number of Pages in This Submission	19	Attorney Docket Number	011398.00005

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature	<i>Kenneth F. Smolik</i>		
Printed Name	Kenneth F. Smolik		
Date	12/21/2005	Reg. No.	44,344

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Signature	<i>Nancy Menden</i>		
Typed or printed name	Nancy Menden	Date	12/21/2005

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Effective on 12/05/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete If Known

Application Number 10/782,093

Filing Date February 17, 2004

First Named Inventor Auyang, Bernard

Examiner Name Brown, Vernal U.

Art Unit 2635

Attorney Docket No. 011398.00005

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DEC 21 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ \$130.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	---
Design	200	100	100	50	130	65	---
Plant	200	100	300	150	160	80	---
Reissue	300	150	500	250	600	300	---
Provisional	200	100	0	0	0	0	---

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)

- 20 or HP=

x

=

Fee Paid (\$)

HP = highest number of total claims paid for. If greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP=

x

=

Fee Paid (\$)

HP = highest number of independent claims paid for. If greater than 3.

Small Entity

Fee (\$)

50 25

200 100

360 180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fees Paid (\$)

\$130.00

SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	312-463-5000
Name (Print/Type)	Kenneth F. Smolik			Date	December 21, 2005

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